

Quit Now Kentucky Fiscal Year 2020 Outcomes Report

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Executive Summary

In Fiscal Year 2020 (July 2019–June 2020), Quit Now Kentucky offered a comprehensive commercial tobacco cessation program with telephone-based coaching and a web-based interactive cessation resource, operated by National Jewish Health, to support Kentuckians who wanted to quit using commercial tobacco products. National Jewish Health conducted an evaluation of the program by surveying participants six months after enrollment. All callers who completed intake from July 2019 to June 2020 and agreed to follow-up, regardless of their readiness to quit, were eligible for the survey. Thirty-nine percent of eligible participants were sampled for the survey.

A total of 998 individuals were in the survey pool and 189 completed the survey, resulting in a 19% response rate.

Key highlights from the survey include:

- Overall, 26% of Quit Now Kentucky participants quit using commercial tobacco.
- Participants who completed three or more coaching calls had a quit rate of 40%.
- Ninety percent of participants expressed satisfaction with the overall program.
- Participants who started their quit attempt or were surveyed during the COVID-19 pandemic reported lower quit rates than those who were surveyed before the start of the pandemic.



Quit Now Kentucky Program

The Quit Now Kentucky program provides free cessation support to residents trying to stop using commercial tobacco. The Quitline offers support through telephone coaching, an interactive web portal, other eHealth services, and by providing FDA-approved smoking cessation medications. Individuals may enroll in services by calling 1.800.QUIT.NOW (or 1.855.DEJELLO.YA for Spanish services), completing an enrollment form using the web portal, or following a provider fax, web, or electronic referral.

The Quitline also recognizes that some populations require unique support to stop using commercial tobacco. To meet this need, we offer tailored programs for pregnant and postpartum people and youth participants. The Quitline offers telephone coaching, print materials, and a website in English and Spanish. We also leverage LanguageLine services to provide real-time translation in more than 200 additional languages.

National Jewish Health, the largest nonprofit provider of telephone cessation services, operates the Quit Now Kentucky program. As a founding member of the North American Quitline Consortium (NAQC), we follow NAQC guidelines for operating and evaluating the Quitline.

Phone-based Program

The phone-based program provides coaching over the phone to any Kentuckian of any age who is thinking about quitting or actively trying to quit. Telephone coaching covers numerous topics including strategies to increase the motivation to quit, setting a quit date, and managing triggers. It also provides interpersonal support to participants to become successfully tobacco-free. Participants in telephone coaching receive up to four proactive calls from the Quitline and information tailored to their unique medical or demographic characteristics. Kentuckians seeking support can receive coaching over multiple quit attempts each year, if needed.

eHealth Programs (Text, Email, Online, eCoaching)

Participants engaged in telephone coaching may also use the eHealth programs to supplement their quit attempt. Participants can opt-in to receive motivational text and email messages. An interactive web portal is available to all Kentuckians thinking about quitting tobacco (quitnowkentucky.org). Enrolled participants can view information about quitting, engage with interactive calculators, design a quit plan, build a community with others trying to stop tobacco, and track their quit medication shipments. Access to online support is available at any time. Participants who used only the website for their quit attempt were not surveyed and are not included in this report.



Quit Medications

Participants must be age 18 years or older, enrolled in phone coaching, medically appropriate, and trying to quit tobacco to be eligible for quit medications. Eligible participants can receive nicotine replacement therapy (NRT) to support a quit attempt once every 12 months, including nicotine patches, nicotine gum, nicotine lozenges, or combination therapy.

The number of weeks of medications available to eligible participants varies based on insurance type and available funding, ranging from four to eight weeks. The following participant groups may receive medications through the Quitline:

- Uninsured participants
- Medicare participants
- Residents in priority counties
- Certain priority populations
- Kentucky-government and some local government employees
- Quit Now Kentucky partners

The full list of offerings is detailed in Appendix B – NRT Offerings

Not all participants are eligible for NRT through the Quitline. Participants with Medicaid are encouraged to reach out to their insurance to receive available benefits.

Special Population Programs

Pregnant and postpartum participants may enroll in a special program that provides tailored support to address the unique factors they may face when quitting tobacco. Participants under the age of 18 are automatically enrolled in My Life, My Quit™, our specialized program for youth participants.

Pregnancy and Postpartum Program (PPP)

Pregnant and postpartum participants may enroll in a special program that provides tailored support to address the unique factors they may face when quitting tobacco. Pregnant participants often find quitting during pregnancy easier than maintaining their quit following the birth of their child. The PPP provides extended support to achieve abstinence during pregnancy and sustain abstinence postpartum. The program is available to participants who begin coaching during pregnancy. In addition to the standard quit medications available to all participants, PPP participants may receive up to five coaching calls during pregnancy and an additional four calls following their due date. The PPP uses a dedicated Coach model in which we strive to match the same female Coach with a single participant throughout their time in the program. Beginning October 2020, the incentive amount was raised to \$20 for pregnancy calls and \$30 for postpartum calls. This impacted some of the participants in this report and may have impacted their retention in the program.



Youth program: My Life, My Quit™ (MLMQ)

The My Life, My Quit™ program launched in January 2020 to support youth participants (under 18 years old at time of intake) quitting tobacco, in particular e-cigarettes and nicotine vaping products. Youth seeking assistance can enroll online on a youth-tailored website (MyLifeMyQuit.com), or by calling or texting a toll-free number (855-891-9989). In December 2020, a new short code (36072) enrollment option was added to enable seamless text messaging services. Youth participants are eligible to engage in coaching by phone, online chat or live text coaching. All Coaches engaging with youth participants are specially selected and trained based on their ability to create a rapport with younger tobacco users. Most youth participants enroll in the web or text programs only, and are not included in the outcome survey pool for this report. A separate evaluation report for My Life, My Quit™ will be available in 2021.



Tobacco Cessation Rates

The following section describes quit rates for survey respondents based on their program enrollment type, tobacco use patterns, demographics, and behavioral and medical health conditions. Throughout this evaluation report, quitting tobacco is defined as self-reported abstinence from tobacco for the past 30 days when the evaluation survey was conducted six-months after completing intake. Tobacco use includes any form of conventional tobacco (cigarettes, cigars, pipes, and smokeless) and electronic nicotine delivery systems (ENDS). Quit rates were calculated based on the proportion of evaluation survey respondents who reported not using any tobacco in the past 30 days. NAQC recommends that quitlines should attempt to complete at least 400 responder surveys per year and strive for a 50% response rate¹ to increase precision in the estimates of quit rates.

Not all participants were included in the survey pool. Of all eligible participants, 96% consented to the follow-up survey. Using the available budget allocated for evaluation, 39% of consenting participants were randomly sampled. Kentucky completed 189 responder surveys resulting in a 19% response rate. In the following tables, “Participants” refers to the overall survey sample, “Survey Respondents” refers to the number of completed surveys, and “Quit” refers to the number of participants that reported having quit, based on the criteria described above. Where the number of respondents in a category was fewer than five persons, we did not include the results.

National Jewish Health and NAQC do not consider a respondent using ENDS, such as e-cigarettes, vape pens, or JUUL, as being free from tobacco for several reasons. First, ENDS are considered tobacco products by the Food and Drug Administration (FDA) and are not approved for cessation. Additionally, observational research shows that most people who use ENDS continue to smoke simultaneously or return to conventional tobacco products exclusively. At National Jewish Health, we offer the same personalized cessation support to individuals who wish to quit using ENDS. As a result, the quit rate for coaching participants using conventional tobacco alone during 2020 was 30.8%. However, the overall responder quit rate for coaching participants using any tobacco product during 2020 was 27.3% (95% confidence interval = 21.2% - 34.4%). The quit rate is almost identical to the one reported in 2019 (27.5%) and higher than the quit rate reported in 2018 (23.3%).

¹ NAQC Issue Paper, Calculating Quit Rate, 2015 Update

https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/Issue_Papers/WhitePaper2015QR_Update.pdf



Quit Rate by Program Offering

In this section, the proportion of respondents who reported having quit using tobacco are described by program participation type, quit medication orders, eHealth programs used, the number of coaching calls received, the referral pathway, and by intake date before and after the beginning of the COVID-19 pandemic (date used was 3/1/2020).

Overall Quit Rate by Participation

Intake-only participants reported the lowest quit rate at 12%. About half of the coaching participants in the survey pool received medication through the Quitline and those participants reported the highest quit rate at 33%.

Participation	Participants	Survey Respondents	Quit	Responder Quit Rate
All Quitline participants	998	189	49	26%
Intake-only participants	147	17	2	12%
All coaching participants	851	172	47	27%
Coaching, no medication	410	58	10	17%
Coaching and NRT	441	114	37	33%

Quit Rate by Supplemental eHealth Programs

Participants who enroll in telephone coaching may also choose to receive additional support using motivational text and email messages or by enrolling in the online program. Since participants may opt-in to more than one eHealth program, some participants may be counted in multiple categories. Participants who enrolled in an eHealth program alone without telephone coaching were not surveyed. The differences in response rates across supplemental programs limits the interpretation of clinically significance in quit rates between groups.

Technology	Participants	Survey Respondents	Quit	Responder Quit Rate
Text program	683	110	31	28%
Email program	493	78	17	22%
Web program	224	30	8	27%
No text, email, or web programs	196	54	16	30%



Quit Rate by Call Completed

Coaching over the phone increases the chances of cessation and research suggests that completing three or more calls is best for cessation. Participants who completed three or more calls reported a combined quit rate of 40% and those who completed the four-call program reported a quit rate of 42%.

Coaching Calls Completed	Participants	Survey Respondents	Quit	Responder Quit Rate
Intake only	147	17	2	12%
1	457	50	9	18%
2	130	37	4	11%
3	78	20	7	35%
4+ calls	186	65	27	42%

The table below shows the cumulative number of participants that completed each coaching call as a percentage of all callers who enrolled. Of the participants who enrolled in the program (i.e. completed the first coaching call), 31% completed at least three coaching calls and 22% completed at least four coaching calls.

Calls Completed	Participants Reaching Call	Percent of Enrolled Participants Reaching Call
Intake	998	
1	851	100%
2	394	46%
3	264	31%
4+ calls	186	22%



Special Population Programs

Quit Now Kentucky provides specialty programs for pregnant and postpartum participants and youth participants.

The Pregnancy and Postpartum Program proves challenging to evaluate. While participation in coaching calls is incentivized for PPP participants, the survey is not, which contributes to a low number of responses. Additionally, most pregnant participants opt-in to the PPP, and the low number of pregnant participants who do not take part in the PPP makes it difficult to compare the effect of the program with participants who do not participate. Lastly, since participants enroll during pregnancy, six months may not be enough time to evaluate quit status after birth. Despite these limitations, we have seen high engagement and quit medication use among participants in this program. In Fiscal Year 2020, National Jewish Health completed a comprehensive evaluation for the PPP and the final report was shared with Kentucky.

The My Life, My Quit™ youth program sees high engagement predominantly online, and the number of phone survey responses is low. All participants under the age of 18 who enroll with Quit Now Kentucky are enrolled automatically in our youth-tailored program, My Life, My Quit.

Due to the low number of survey participants in Kentucky, we are unable to report on quit rates for these programs. Therefore, we include a table below with overall quit rates and results for all National Jewish Health state clients for whom we conduct evaluation, as well as the average number of coaching calls and portion of groups who received quit medications. Please note, each state client offers different types and durations of quit medication, and the participants below do not represent all states in these programs.

Specialty Program (All State Clients)	Survey Respondents	Percent Receiving Quit Medication	Average Coaching Calls	Responder Quit Rate
Pregnancy and Postpartum Program				
PPP participant	43	19%	3.4	40%
Pregnant and not PPP participant	Excluded			
My Life, My Quit™				
MLMQ participant	20	N/A	2.5	40%



Quit Rate by Referral Pathway

Participants may be referred by a provider or contact the program on their own. The table below details the quit rates by provider referral compared to self-referrals.

While the sample size is small, participants referred by a provider reported a higher quit rate. Referral rates across all states were lower in this fiscal year compared to previous years, primarily due to the COVID-19 pandemic and disruptions to how people receive healthcare.

Referral Pathway	Participants	Survey Respondents	Quit	Responder Quit Rate
Self-referred	948	176	45	26%
Provider-referred	50	13	4	31%

The COVID-19 Pandemic and Survey Timing

The COVID-19 pandemic disrupted life in 2020 and impacted participants' tobacco use behaviors and motivation to quit. Many people reported increased motivation to quit as a way to improve their respiratory health. Others found the uncertainty and economic turmoil a more stressful period to quit tobacco. In the table below, we divide participants into three groups:

1. Those who completed intake in July and August 2019. These participants were surveyed in January and February 2020 and COVID-19 did not impact their quit attempt.
2. Those who completed intake between September 2019 and February 2020. While their quit attempt was not impacted by the pandemic, they were surveyed March 2020 or later, when infections rose dramatically in the US.
3. The last group completed intake between March and June 2020 – both their quit attempt as well as their survey occurred during the pandemic. These surveys coincided with the spike in coronavirus infections in Kentucky beginning in September 2020.

It's important to note there are other seasonal changes that can impact quitting, for example, the Centers for Disease Control's *Tips From Former Smokers* national campaign, and being motivated by New Years' Resolutions. Participants who started their quit attempt and were surveyed before the COVID-19 pandemic reported the highest quit rates.

Period	Participants	Survey Respondents	Quit	Responder Quit Rate
No interaction with COVID-19 during quit attempt (intake July-August 2019)	218	35	12	34%
Pre-COVID-19 intake surveyed during COVID-19 (intake September 2019-February 2020)	327	62	15	24%
Quit attempt and survey during COVID-19 (intake March-June 2020)	453	92	22	24%



Quit Rate by Tobacco Use Patterns

In this section, the proportion of respondents who reported having quit using tobacco are delineated by tobacco use type, duration of tobacco use, number of cigarettes per day, number of previous quit attempts, and whether participants live with other tobacco users.

Quit Rate by Tobacco Use Type

Most Kentuckians reported smoking cigarettes as the primary form of tobacco use. Smokeless tobacco users reported the lowest quit rate. Additionally, multi-users reported a lower quit rate than those who only used a single tobacco type.

Because participants may use more than one form of tobacco, individuals may be represented in multiple categories. In the table below, pipe, smokeless tobacco, and other tobacco users were grouped due to the low number of participants.

Tobacco Type	Participants	Survey Respondents	Quit	Responder Quit Rate
By tobacco type				
Cigarettes	936	174	46	26%
Cigars, cigarillos, or little cigars	50	8	2	25%
Smokeless tobacco (SLT)	29	7	1	14%
Other tobacco	7	Excluded		
e-Cigarettes or vaping products	106	16	3	19%
By single- or multi-use				
Users of a single tobacco type	870	171	45	26%
Users of two or more tobacco types	128	18	4	22%



Years of Tobacco Use

Most participants had used tobacco for more than ten years.

Years of Tobacco Use	Participants	Survey Respondents	Quit	Responder Quit Rate
Up to 5 years	42	6	2	33%
6-9 years	24	Excluded		
10 or more years	922	181	46	25%
No response	10	Excluded		

Cigarettes per Day

The plurality of participants smoked between 11 and 20 cigarettes per day (CPD). Participants who smoked 10 CPD or fewer had the highest quit rates. This table excludes participants who did not smoke cigarettes.

Cigarettes Per Day	Participants	Survey Respondents	Quit	Responder Quit Rate
1-10 CPD	207	37	11	30%
11-20 CPD	421	82	23	28%
21-30 CPD	159	25	6	24%
31+ CPD	131	27	4	15%
No response	18	Excluded		

Menthol Cigarette Usage

Among cigarette users, most did not smoke menthol cigarettes. Menthol cigarette users reported higher quit rates. Participants who did not smoke cigarettes or did not specify cigarette flavors are excluded from this table. However, in secondary analysis, Black or African Americans who reported menthol reported a lower quit rate at 20%.

Menthol usage	Participants	Survey Respondents	Quit	Responder Quit Rate
Smoke menthol cigarettes	240	44	17	39%
Do not smoke menthol cigarettes	691	129	29	22%



Previous Quit Attempts

Most participants had at least one previous quit attempt. Participants with no previous quit attempts reported the lowest quit rate.

Previous Quit Attempts	Participants	Survey Respondents	Quit	Responder Quit Rate
None	95	13	1	8%
1-2	312	53	14	26%
3-4	250	50	14	28%
5+ attempts	334	71	19	27%
No response	7	Excluded		

Living with Another Tobacco User

Most participants did not live with another tobacco user. This group saw greater success, with a quit rate of 27%, compared to those who did live with another tobacco user.

Live with Another Tobacco User	Participants	Survey Respondents	Quit	Responder Quit Rate
Yes	375	60	14	23%
No	615	127	34	27%
No response	8	Excluded		



Quit Rate by Demographics

In this section, the proportion of respondents who reported having quit using tobacco are described by gender, age, race and ethnicity, insurance, education level, sexual orientation and gender identity, and housing status.

Gender Distribution

Sixty-nine percent of Quit Now Kentucky participants identified as female, and those participants reported a higher quit rate.

Gender	Participants	Survey Respondents	Quit	Responder Quit Rate
Female	689	130	35	27%
Male	309	59	14	24%

Age Distribution

Tobacco 21 legislation went into effect December 20, 2019, to prevent the sale of tobacco products, including e-cigarettes, to anyone under the age of 21. Due to the low number of responses we're unable to separate out the quit rates for any group age 24 or younger.

Age Group	Participants	Survey Respondents	Quit	Responder Quit Rate
24 or under	48	6	3	50%
25-34	102	6	0	0%
35-44	136	17	6	35%
45-54	221	36	10	28%
55-64	299	65	14	22%
65+	192	59	16	27%



Racial Distribution

Each participant can identify with more than one race or ethnic identity. Participants who identified as two or more races were grouped in a “More than one race” category. Eighty-three percent of participants identified as White alone. Because participants speaking Korean, Vietnamese, Cantonese, and Mandarin are referred to the Asian Smokers’ Quitline, Asian participants are expected to be underrepresented in the Quit Now Kentucky population. Due to the limited number of responses, all groups except Black or African American and White were combined into one category.

Black or African American participants reported the lowest quit rates.

Race or Ethnicity	Participants	Survey Respondents	Quit	Responder Quit Rate
Race				
Black or African American	110	18	4	22%
White	833	163	42	26%
Some other race	50	7	3	43%
No response	5	Excluded		
Ethnicity				
Hispanic/Latinx	13	Excluded		
Not Hispanic/Latinx	975	187	48	26%
No response	10	Excluded		



Quit Rate by Insurance

Individuals with other insurance, usually commercial/private insurance, reported the lowest quit rate at 22%.

Insurance	Participants	Survey Respondents	Quit	Responder Quit Rate
Medicaid	281	35	9	26%
Medicare	398	106	29	27%
Other insurance	172	27	6	22%
Uninsured	129	17	4	24%
No response	18	Excluded		

Because Medicaid-insured participants are a priority population for Quit Now Kentucky, below we highlight trend data on the percent of the survey pool represented by this population and their quit rates over the past several years.

Report Year	% of Medicaid Participants in Survey Pool	Medicaid Responder Quit Rate
2020	28%	26%
2019	26%	28%
2018	29%	14%
2017	33%	25%
2016	32%	20%



Education Distribution

Participants with a high school diploma or GED comprised the largest group in the survey pool. Participants with less than a high school education reported the highest quit rate. These results are not consistent with national data that show a gradient for individuals with higher education being more successful in stopping their tobacco use.

Highest Level of Education	Participants	Survey Respondents	Quit	Responder Quit Rate
8th grade or less	54	15	6	40%
Some high school	139	27	9	33%
High school diploma or GED	353	57	12	21%
Some college or university	274	54	13	24%
College degree, including vocational school	175	35	9	26%

Sexual Orientation and Gender Identity

Four percent of Kentuckian quitline participants identified as LGBTQ+, and their quit rates were about the same as participants who did not identify as LGBTQ+.

Sexual Orientation and Gender Identity	Participants	Survey Respondents	Quit	Responder Quit Rate
Not LGBTQ+	959	181	47	26%
LGBTQ+	39	8	2	25%

Due to the low number of responses, we're unable to provide a breakdown of quit rates for this population. Therefore, we include a table below with overall quit rates and results for all National Jewish Health state clients for which we conduct evaluation. Please note, each state client has different quit medication offerings, and the participants below do not represent all states that offer a Quitline program.



Sexual Orientation and Gender Identity (All State Clients)	Survey Respondents	Responder Quit Rate
Not LGBTQ+	7,398	30%
LGBTQ+	409	31%
Bisexual	211	27%
Lesbian or gay	168	33%
Transgender	34	41%
Queer	21	29%
No response	59	37%

Public Housing

Participants living in public housing reported a higher quit rate. The regulations prohibiting tobacco use in public housing residences may support quitting for these participants.

Public Housing	Participants	Survey Respondents	Quit	Responder Quit Rate
Live in public housing	119	31	12	39%
Do not live in public housing	865	155	36	23%
No response	14	Excluded		



Quit Rate for Health Conditions

In this section, the proportion of respondents who reported having quit using tobacco are described by their behavioral health conditions, and chronic medical conditions.

Quit Rate by Behavioral Health Conditions

Participants responded to questions during their intake call regarding current behavioral health conditions, including depression, anxiety, and substance abuse among several others. Fifty-nine percent of Kentuckians reported having at least one behavioral health condition. Participants with behavior health conditions reported nearly the same quit rates as those without a behavioral health condition. This is not consistent with overall trends that show participants with behavioral health conditions report less success at quitting.

Number of Behavioral Health Conditions	Participants	Survey Respondents	Quit	Responder Quit Rate
No behavioral health conditions	405	71	18	25%
One behavioral health condition	193	43	11	26%
Two or more behavioral health conditions	400	75	20	27%

Participants who reported having a behavioral health condition were asked about the impact of the condition on their lives. Those who reported it presented a challenge in their life reported lower quit rates. The following table excludes participants without a behavioral health condition.

Impact of Behavioral Health Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Causes emotional challenges				
Yes	378	73	18	25%
No	215	45	13	29%
Interferes with work, family life, or social life				
Yes	253	44	10	23%
No	340	74	21	28%
Interferes with ability to quit				
Yes	197	44	6	14%
No	349	67	21	31%



Because participants with behavioral health conditions are a priority population, below we highlighted data trends on their quit rates over the past four years. During this period, National Jewish Health invested significant resources in training Coaches to deliver enhanced services to individuals with behavioral health conditions that began in July 2020.

Report Year	% of Behavioral Health Participants in Survey Pool	Behavioral Health Responder Quit Rate
2020	59%	26%
2019	60%	20%
2018	62%	20%
2017	50%	19%
2016	52%	19%

Quit Rate by Medical Conditions

Participants are screened for medical conditions during intake. Participants with a history of cancer reported the lowest quit rate, however the low rate is inconsistent with prior years and may be a spurious finding. We will continue to monitor these quit rates to understand if further attention is warranted.

Medical Condition	Participants	Survey Respondents	Quit	Responder Quit Rate
Cancer	116	34	4	12%
Diabetes	179	55	20	36%
COPD	393	97	26	27%
Cardiovascular disease	492	106	28	26%
No cancer, diabetes, COPD, or cardiovascular disease	304	35	9	26%



Participant Demographics

In the following tables we provide details for all participants who completed a phone intake from July 2019 through June 2020. Groups with fewer than five participants were excluded. We registered 2,581 participants with a completed phone intake during this time period.

Demographic Characteristics

Demographic	Participants	Percent of Total
Gender		
Female	1,737	67%
Male	843	33%
Age		
17 or under	13	0.5%
18-20	33	1.3%
21-24	68	3%
25-34	259	10%
35-44	374	15%
45-54	554	21%
55-64	764	30%
65+	515	20%



Demographic	Participants	Percent of Total
Race (Native Hawaiian or other Pacific Islander grouped with Some other race)		
American Indian or Alaska Native	20	0.8%
Asian	6	0.2%
Black or African American	275	11%
White	2,155	83%
Some other race	12	0.5%
More than one race	87	3%
No response	26	1.0%
Ethnicity		
Hispanic/Latinx	33	1.3%
Not Hispanic/Latinx	2,525	98%
No response	23	0.9%
Insurance		
Medicaid	727	28%
Medicare	1,048	41%
Other insurance	460	18%
Uninsured	311	12%
No response	35	1.4%



Demographic	Participants	Percent of Total
Highest level of education		
8 th grade or less	136	5%
Some high school	370	14%
High school diploma or GED	931	36%
Some college or university	703	27%
College degree, including vocational school	436	17%
No response	5	0.2%
Sexual orientation and gender identity		
Not LGBTQ+	2,462	95%
LGBTQ+	119	5%
Bisexual	59	2%
Gay or lesbian	56	2%
Transgender	6	0.2%
Public housing		
Live in public housing	287	11%
Do not live in public housing	2,265	88%
No response	29	1.1%
Behavioral health (BH) conditions		
No BH conditions	1,109	43%
One BH condition	464	18%
Two or more BH conditions	1,008	39%

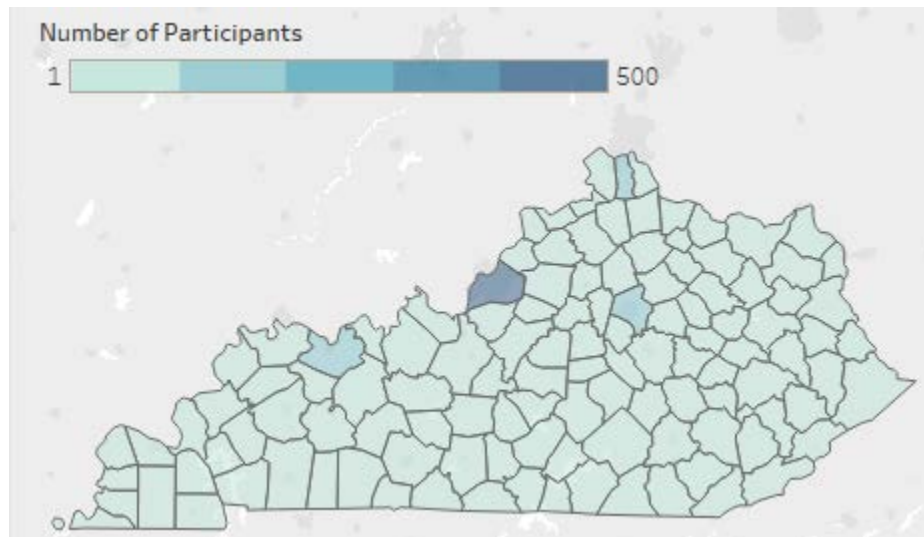


Demographic	Participants	Percent of Total
BH condition causes emotional challenges (out of all with BH condition)		
Yes	944	64%
No	528	36%
BH condition interferes with life (out of all with BH condition)		
Yes	624	42%
No	848	58%
BH condition interferes with ability to quit (out of all with BH condition)		
Yes	479	35%
No	875	65%
Medical condition (participants may be counted in multiple categories)		
Cancer	294	11%
Diabetes	464	18%
COPD	981	38%
Cardiovascular disease	1,287	50%
No cancer, diabetes, COPD, or cardiovascular disease	843	33%



Participant County (some participants updated addresses to outside of Kentucky and are excluded)	Participants	Percent of total
Jefferson	437	17%
Fayette	156	6%
Kenton	113	4%
Daviess	110	4%
Hardin	69	3%
McCracken	62	2%
Boone	60	2%
Henderson	55	2%
Warren	45	2%
Campbell	42	2%

The following is a map of Kentucky counties shaded by the number of participants from each one. According to 2019 BRFSS data 23.6% of Kentuckians currently smoke², equivalent to 1,054,371 individuals. With 2,568 adult phone participants, Quit Now Kentucky reached an estimated 0.24% of smokers in the state.



² BRFSS Prevalence and Trends Data
<https://nccd.cdc.gov/BRFSSPrevalence>



Tobacco Use Patterns

Demographic	Participants	Percent of Total
Tobacco use type (participants may be counted in multiple categories)		
By tobacco type		
Cigarettes	2,421	94%
Cigars, cigarillos, or little cigars	123	5%
Pipe	9	0.3%
Smokeless tobacco	89	3%
Other tobacco	9	0.3%
e-Cigarettes or vaping products	248	10%
By single or multi use		
Use single type of tobacco	2,271	88%
Use more than one tobacco types	310	12%
Years of tobacco use		
Up to 5 years	65	4%
6-9 years	76	3%
10 or more years	2,392	93%
No response	15	0.6%
Cigarettes per day (CPD) (out of all who use cigarettes)		
1-10 CPD	537	22%
11-20 CPD	1,076	44%
21-30 CPD	378	16%
31+ CPD	375	16%
No response or 0 CPD (trying to stay quit)	54	2%



Demographic	Participants	Percent of Total
Menthol usage (out of all who use cigarettes)		
Smoke menthol cigarettes	623	26%
Do not smoke menthol cigarettes	1,728	73%
No response	16	0.7%
Previous quit attempts		
None	232	9%
1-2	795	31%
3-4	657	25%
5+	889	34%
No response	8	0.3%
Live with another tobacco user		
Yes	1,010	39%
No	1,561	61%
No response	10	0.4%



Services Provided

Service Area	Participants	Percent of Total
Participation in program		
Intake-only participants	395	15%
All coaching participants	2,186	85%
1-2 coaching calls, no medication	800	31%
1-2 coaching calls, with NRT	719	28%
3+ coaching calls, no medication	201	8%
3+ coaching calls, with NRT	466	18%
Technology (participants may be counted in multiple categories)		
Text program	1,762	68%
Email program	1,289	50%
Web program	601	23%
No text, email, or web program	537	21%
Coaching calls completed		
Intake only	395	15%
1	1,166	45%
2	353	14%
3	196	8%
4+ calls	471	18%



Enrolled Participant Engagement	Participants Reaching Call	Percent Reaching Call
1	2,186	100%
2	1,020	47%
3	667	31%
4+ calls	471	22%

Special Programs	Participants	Percent of Total
PPP		
Completed intake	61	
Completed 1 st coaching call	27	100%
Completed 3 rd coaching call	15	56%
Completed 5 th coaching call (pregnancy portion of protocol)	10	37%
Completed 9 th coaching call (postpartum portion of protocol)	5	19%
My Life, My Quit™ (Phone Intakes Only)		
Intake only	13	
Completed 1 st coaching call	11	100%
Completed 5 th coaching call	6	55%



Referral Pathway and Intake Timing	Participants	Percent of Total
Referral Pathway		
Self-referred	2,446	95%
Provider-referred	136	5%
Intake Timing		
Quit attempt pre-COVID 19 (July 2019-February 2020)	1,839	71%
Quit attempt during COVID 19 (March 2020-June 2020)	742	29%



Program Satisfaction

Quit Now Kentucky program participants were surveyed about their satisfaction with the overall service of the Quitline program, the usefulness of the materials they received, and the usefulness of the Coaches and counselors. Neutral responses (don't know or no answer) are excluded from the denominator. Satisfaction rates of 90% or higher were noted for all content types.

Satisfied With...	Survey Respondents	Satisfied	Percent Satisfied
Overall program	171	154	90%
Provided materials	114	112	98%
Coaches and counselors	153	145	95%



Conclusions

Overall, Quit Now Kentucky assisted an estimated 668 Kentuckians who called between July 2019 and June 2020 and who enrolled in the telephone coaching program quit using tobacco. The overall quit rate for coaching participants in 2020 was the same as in 2019, and higher than in 2018.

The personalized telephone-based intervention was effective in helping people to quit tobacco. Fifty-two percent of coaching participants received quit medication through Quit Now Kentucky, and 80% of participants used a supplemental eHealth program (text, email, or web) in addition to telephone coaching. Research suggests completing three or more coaching calls increases cessation, and 31% of coaching participants in Kentucky completed their third coaching call. Of these participants, an estimated 40% reported long term cessation, demonstrating the continued success of the phone coaching program. The quit rate for the Quitline is below the average for National Jewish Health quitlines, and is lower than the 30% benchmark set by the North American Quitline Consortium (NAQC). Quit Now Kentucky may benefit from identifying strategies to increase participant reach and engagement in the program. Quitline reach could be improved by increasing the number of provider referrals, and engagement could be improved by offering more nicotine replacement therapy. Higher reach and higher engagement will increase the overall impact of the program. National Jewish Health can partner with Kentucky to develop and test engagement strategies.

Participants who completed their quit attempt and were surveyed before the COVID-19 pandemic reported a quit rate of 34%. Participants who started their quit attempt during the pandemic, or started their attempt before the pandemic but were surveyed during it, reported a quit rate of 24%. New research is highlighting that additional stress and challenges resulting from the pandemic may be reducing quitting and increasing the chance of relapse.

At National Jewish Health, we are honored to continue our partnership with the Kentucky Department for Public Health's Tobacco Prevention & Cessation Program to serve the residents of the state with evidence-based treatment. We continue our efforts in finding new ways to reach disparate populations and meet the mutual goals of decreasing tobacco use among all Kentucky participants.



Acknowledgements

Implementation of the services provided is a coordinated and collaborative effort by many individuals at National Jewish Health and our clients. We would like to acknowledge the extensive efforts of the Quitline Coaches, Management Team, and survey staff that provide guidance, enrollment, and tobacco treatment services to Quitline callers.

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Appendix A – Survey Methodology

The surveys in this report were conducted between January and December 2020 by phone, representing intakes from July 2019 to June 2020. All outcomes data are derived from self-reported data submitted in participant surveys collected by an independent survey agency, Westat Inc.

Respondents are asked about their tobacco use and assigned a current status of “Quit” if the participant indicated that they had not used tobacco — even a puff — in the 30 days prior to the call, including e-cigarettes in the same period, as recommended by NAQC. This definition of abstinence is referred to as the point prevalence rate and is the industry standard for determining follow-up quit rate. Due to the number of survey responses, some demographic breakdowns yielded limited results. Throughout the report, rows with fewer than five participants have been excluded.

The evaluation budget was tracked on a monthly basis to determine the survey sample size of participants for each month. To determine sample size for each month, we used the historical response rate and the monthly/annual participant volume to determine the total survey sample size. We sampled during each month to provide a representative sample from participants throughout the year. Each month, 39% of consenting participants were randomly sampled. The survey sample did not differ from the population characteristics with regards to age, gender, race, insurance, and education level.

Of the individuals identified and contacted for a follow-up survey, a percentage were not successfully contacted for a survey. Some were not contacted because they could not be reached after multiple attempts and others because they chose not to participate in the survey despite consenting during the intake process.

NAQC/Professional Data Analysts Inc. (PDA) recommend calculating responder rates and not intention to treat (ITT) rates, because calculating ITT assumes that all non-responders are using tobacco and includes them in the sample. In this evaluation report, responder quit rates are reported.



Appendix B – NRT Offerings

Kentucky residents are eligible for up to four coaching calls. Accumetric employees specifically are eligible for five coaching calls. The following table details the NRT offerings for each participant group.

Participant group	NRT Offering
Public housing residents	8 weeks, including combination therapy
Accumetric employees	8 weeks, five coaching calls available
Campbell County Fiscal Court employees	4 weeks
Residents of Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster counties	8 weeks
Kentucky State employees	Up to 12 weeks, order not managed through the Quitline, submitted to external NRT provider
Medicare participants	8 weeks, including combination therapy
Residents of Boone, Campbell, Grant and Kenton counties	4 weeks
Residents of Carroll, Gallatin, Owen, and Pendleton counties	8 weeks
Residents of Jefferson county	10 weeks
Uninsured participants	8 weeks
All other participants (including Medicaid and commercial insurance)	No NRT available through the Quitline. Participant instructed to contact their insurance.

